PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN SMALL ENTITY	
L	FOR NUMBER FILED NUMBE						RATE	FEE	7	RATE	FEE
(3	BASIC FEE (37 CFR 1.16(a))							s	OR	10112	
	OTAL CLAIMS 37 CFR 1.16(c)) minus 20 = •						X \$ =		7		\$
	DEPENDENT CL 7 CFR 1.16(b))	AIMS		minus	2 -		1		OR	× \$=	
_		4114.0050			_ × \$=	 	OR	x \$=	ļ		
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								OR	+ \$=	
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2.								OR	TOTAL	
		S AS AN	MENDE	D – PART II							
		(Co	olumn 1)	ımn 1)		2) (Column 3)	SMALL	ENTITY	OR		RTHAN
AMENDMENT A		RE	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSI	PRESENT LY EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	. 4		Minus	PAID FOR	· a	 	FEE	1	(2)	FEE
	Independent (37 CFR 1.16(b))	 ~~~		Minus	3		× \$=	 	OR	× \$ <u>50</u> =	100:00
		JTÁTION (OF MULTIPLE		DENT CLAIM (37	× \$=	 	OR	× \$ <u>200</u> =		
	·	· · · · · · · · · · · · · · · · · · ·	or MOLTIFE	E DEPENL	JENT CLAIM (37	+s =		OR	+5_360		
								<u> </u>	OR	TOTAL ADD'L FEE	100.00
_			umn 1) AIMS		(Column 2	?) (Column 3)					
AMENDMENT B		REM	IAINING TER IDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total _(37.CER_1.16(c))	<u> </u>		Minus	**	=	X-\$				FEE
	Independent (37 CFR 1.16(b))	•		Minus	***	=	X \$ ≃		OR	X 2=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	X \$=	
(27 577 1.10(u))							+ \$ = TOTAL		OR	+ \$ =	
							ADD'L FEE		OR	ADD'L FEE	
T		(Colu	mn 1)		(Column 2) HIGHEST	(Column 3)				100	
ŹΠ	,	REMA AF	UNING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	*		Minus	**	= .	x \$=			, 	FEE
	Independent (37 CFR 1.16(b))	•		Minus	***	=	x \$ =			× \$ = .	
ر ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =			< \$=	
										FOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
							er "3". number found in th	e appropriate l	box in colu	mn 1	ł

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.